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7590

03/22/2005

L. Grant Foster
HOLLAND & HART LLP
555 - 17th Street, Suite 3200
P.O. Box 8749
Denver, CO 80201

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| | |
|-------------------|--------------------|
| Kathy Case | (Depositor's name) |
| <i>Kathy Case</i> | (Signature) |
| 11 April 2005 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/791,097 | 03/02/2004 | John Avi Roop | 47563.0006 | 2468 |

TITLE OF INVENTION: THREE-NEEDLE CLOSURE DEVICE

04/15/2005 WABDEL3 00000056 10791097

| 01 FC-1501 | 1400.00 OP | | | | |
|-----------------|------------------------|-----------|-----------------|------------------|------------|
| 02 FC-1504 TYPE | SMALL ENTITY 300.00 OP | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| 03 FC-8001 | 30.00 OP | \$1400 | \$300 | \$1700 | 06/22/2005 |
| nonprovisional | NO | | | | |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------------|----------|----------------|
| PANTUCK, BRADFORD C | 3731 | 606-144000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Holland & Hart
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

St. Jude Medical Puerto Rico B.V.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Drentesraat 20, 1083 HK
Amsterdam, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.
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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Typed or printed name L. Grant Foster

Date

11 APRIL 2005

Registration No.

33,236

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. PATENT APPLICATION SERIAL NO. 10/791,097
FILING DATE 2 March 2004
INVENTORS John Avi Roop et al.
ASSIGNEE St. Jude Medical Puerto Rico, B.V.
GROUP ART UNIT 3731
EXAMINER Bradford C. Pantuck
ATTORNEY'S DOCKET NO. 47563.0006
TITLE "Three-Needle Closure Device"

TRANSMITTAL LETTER AND CERTIFICATE OF MAILING

To: Mail Stop ISSUE FEE
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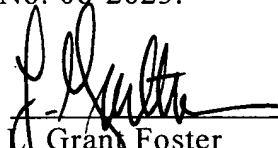
From: L. Grant Foster
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Denver, Colorado 80201
Telephone: (801) 595-7830
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Enclosed are the items listed below submitted regarding the matter identified above:

1. Transmittal Letter with Certificate of Mailing included
2. PTO Return Postcard Receipt
3. Part B - Fee Transmittal
4. Check for \$1,730.00 (\$1,400 Issue Fee, \$300 Publication Fee, \$30 Extra Patent Copies)

Deposit Account Authorization - The Commissioner is hereby authorized to charge payment of any applicable fees to Deposit Account No. 08-2623.

Date: 11 APRIL 2005


By: 
L. Grant Foster
Reg. No. 33,236

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I hereby certify the items listed above as enclosed are being deposited with the U.S. Postal Service as either first class mail or Express Mail, if the blank for Express Mail No. is completed below, in an envelope addressed to Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the below indicated date.

Express Mail No.

Date: 11 April 2005

Signature: 
Name: Kathy Case